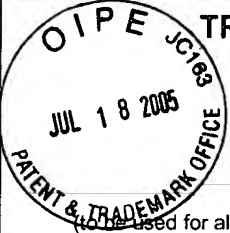
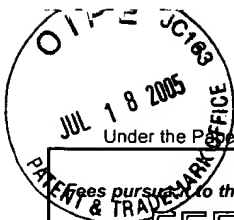


|  |                               |  |                        |           |
|--|-------------------------------|--|------------------------|-----------|
|  <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing)  |                               | Application Number   | 09/699,019             |           |
|  |                               | Filing Date  | October 27, 2000       |           |
|  |                               | First Named Inventor   | Ahmadreza Rofouraran   |           |
|  |                               | Art Unit   | 2682                   |           |
|  |                               | Examiner Name  | Marceau Milord         |           |
| Total Number of Pages in This Submission   |                               | 81   | Attorney Docket Number | 15258US05 |
| <b>ENCLOSURES (check all that apply)</b>   |                               |  |                        |           |
| <input checked="" type="checkbox"/> <b>Fee Transmittal Form (1 Page)</b><br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> <b>Extens. of Time Req. (1 Page)</b><br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |                               | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD  |                        |           |
|  |                               | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> <b>Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)</b><br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> <b>Return-Receipt Postcard</b><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |                        |           |
| Remarks  |                               | <b>Appeal Brief (26 pages) enclosed in triplicate.</b>   |                        |           |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>  |                               |  |                        |           |
| Firm or Individual Name  | McAndrews Held & Malloy, Ltd. |  |                        |           |
| Name (Print/type)  | Michael T. Cruz               | Registration No. (Attorney/Agent)  | 44,636                 |           |
| Signature  | <i>Michael T. Cruz</i>        |  | Date: July 18, 2005    |           |
| <b>EXPRESS MAIL DEPOSIT</b>  |                               |  |                        |           |
| U.S.P.S. Express Mail Mailing Label No. : EV 639 811 567 US  |                               |  |                        |           |
| Date of Deposit : July 18, 2005  |                               |  |                        |           |



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
for FY 2005**Complete if Known**

|                      |                      |
|----------------------|----------------------|
| Application Number   | 09/699,019           |
| Filing Date          | October 27, 2000     |
| First Named Inventor | Ahmadreza Rofougaran |
| Examiner Name        | Marceau Milord       |
| Art Unit             | 2682                 |
| Attorney Docket No.  | 15258US05            |

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **620.00****METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments  
under 37 CFR 1.16 and 1.17**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                      | SEARCH FEES |                      | EXAMINATION FEES |                      | Fees Paid(\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|---------------|
|                  | Fee (\$)    | Small Entity Fee(\$) | Fee(\$)     | Small Entity Fee(\$) | Fee(\$)          | Small Entity Fee(\$) |               |
| Utility          | 300         | 150                  | 500         | 250                  | 200              | 100                  |               |
| Design           | 200         | 100                  | 100         | 50                   | 130              | 65                   |               |
| Plant            | 200         | 100                  | 300         | 150                  | 160              | 80                   |               |
| Reissue          | 300         | 150                  | 500         | 250                  | 600              | 300                  |               |
| Provisional      | 200         | 100                  | 0           | 0                    | 0                | 0                    |               |

**2. EXCESS CLAIM FEES****Fee Description**

|   | Fee(\$) | Small Entity Fee(\$) |
|---|---------|----------------------|
| Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent            | 50      | 25                   |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200     | 100                  |
| Multiple dependent claims   | 360     | 180                  |

|                     |                     |                |                      |                                  |
|---------------------|---------------------|----------------|----------------------|----------------------------------|
| <b>Total Claims</b> | <b>Extra Claims</b> | <b>Fee(\$)</b> | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |
| _____ -20 or HP     | _____ x _____       | = _____        |                      | <b>Fee</b> <b>Fee Paid (\$)</b>  |

HP = highest number of total claims paid for, if greater than 20

|                      |                     |                |                      |
|----------------------|---------------------|----------------|----------------------|
| <b>Indep. Claims</b> | <b>Extra Claims</b> | <b>Fee(\$)</b> | <b>Fee Paid (\$)</b> |
| _____ -3 or HP       | _____ x _____       | = _____        |                      |

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                |                     |
|---------------------|---------------------|---|----------------|---------------------|
| <b>Total Sheets</b> | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee(\$)</b> | <b>Fee Paid(\$)</b> |
| _____ -100          | _____ /50           | _____ (round up to a whole number)                      | x _____        | = _____             |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Appeal Brief Fee \$500.00 and Request for One-Month Extension \$120.00**Fee Paid(\$)****620.00****SUBMITTED BY**

|                   |                        |                                      |               |           |                |
|-------------------|------------------------|--------------------------------------|---------------|-----------|----------------|
| Signature         | <u>Michael T. Cruz</u> | Registration No.<br>(Attorney/Agent) | <b>44,636</b> | Telephone | (312) 775-8084 |
| Name (print/type) | <u>Michael T. Cruz</u> |                                      |               | Date      | July 18, 2005  |